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FACSIMILE INFORMATION SHEET

DATE: February 4, 2005

TIME: 3:15 PM

RE: Application No: 10/604,259 Applicant: Gale L. Sindt

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NAME OF INDIVIDUAL:

Examiner J. Johnson

NAME OF FIRM/COMPANY:

USPTO - Group Art Unit 1725

FACSIMILE (FAX) NO.

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TOTAL NUMBER OF PAGES
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13 PAGES

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MESSAGE: Please enter the following Amendment and accompanying documents.

Applicant: Gale L. Sindt
Filed: July 7, 2003
Group Art Unit No. 1725
Examiner: J. Johnson
For: APPARATUS AND METHOD FOR IMPROVING TIRES

PTO/SR/97 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

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Transmittal Form

Fee Transmittal Form

Amendment in response to Office Action dated November 5, 2004

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PTO/SB/21 (09-04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/604,259	
	Filing Date	JULY 7, 2003	
	First Named Inventor	GALE L. SINDT	
	Art Unit	1725	
	Examiner Name	J. JOHNSON	
Total Number of Pages In This Submission	12	Attorney Docket Number	03S1657

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SIMMONS PERRINE ALBRIGHT & ELLWOOD P.C.		
Signature			
Printed name	GREGORY G. WILLIAMS		
Date	FEBRUARY 4, 2005	Reg. No.	31,681

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Signature			
Typed or printed name	MARIAN PALMERSHEM	Date	FEBRUARY 4, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

Complete if Known

Application Number	10/604,259
Filing Date	July 7, 2003
First Named Inventor	Gale L. Sindt
Examiner Name	J. Johnson
Art Unit	1725
Attorney Docket No.	03S1657

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 19-2260 Deposit Account Name: Simmons Perrine

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature

Name (Print/Type)

GREGORY G. WILLIAMS

Registration No.
(Attorney/Agent)

31,681

Telephone 319-887-1368

Date FEBRUARY 4, 2005

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Attorney Docket No. 03S1657

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gale L. Sindt

Group Art Unit No. 1725

Serial No. 10/604,259

Examiner: J. Johnson

Filed: July 7, 2003

For: APPARATUS AND METHOD FOR IMPROVING TIRES

February 4, 2005

AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated November 5, 2004, on the above-referenced application, please amend the above-referenced application as follows:

An amendment to the Specification is reflected on page 2 of this paper.

Amendments to the Claims are reflected in the listing of the claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.